

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

December 5, 2019 - 9:30 am to 2:00 pm
Polk County River Place – Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Dennis Bush (phone)
Teresa Daubitz (phone)
Jody Eaton
Kathryn Johnson
Geoffrey Lauer

Shari O'Bannon
John Parmeter
Maria Sorensen (phone)
Cory Turner
Richard Whitaker (phone)
Russell Wood
Lorrie Young

MHDS COMMISSION MEMBERS ABSENT:

Senator Jeff Edler
Senator Pam Jochum

Representative Joel Fry
Representative Scott Ourth

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Kris Bell	Senate Democrat Staff
Emily Berry	Office of Consumer Affairs
Kim Callaher	Plains Area Mental Health Center
Marissa Eyanson	DHS/IME
Christie Gerken	Iowa Advocates for Mental Health Recovery
John Hedgecoth	Amerigroup
Brittany Homan	Turning Pointe/Waubonsie Mental Health Center
Jane Hudson	Disability Rights Iowa
Julie Maas	MHDS, Community Services & Planning
Kristi McDonough	Southern Iowa Mental Health Center
Stephanie Millard	Southern Iowa Mental Health Center
Rik Shannon	DD Council
Rick Shults	MHDS, Division Administrator
Flora Schmidt	Iowa Behavioral Health Association
Jason Vermeer	Iowa Total Care

Welcome and Call to Order

John Parmeter called the meeting to order at 9:34 am and led introductions. Quorum was established with nine members present and three participating by phone. No conflicts of interest were identified.

Approval of Minutes

Thomas Broeker made a motion to approve the October 17, 2019 meeting minutes. Tom Bouska seconded the motion. The motion passed unanimously.

Approval of MHDS Commission Annual Report

John Parmeter walked through the MHDS Commission Annual Report and asked if the Commission members had any changes or additions to the report. Geoff Lauer made a motion

to approve the MHDS Commission Annual Report and Russell Wood seconded the motion. The motion passed unanimously to approve the MHDS Commission Annual Report.

Update on Children's System State Board

John Parmeter said the Children's Board is meeting tomorrow and funding for services is on the agenda. There was discussion about different proposals on how to fund the children's system including those that look at how sales tax and property tax could both be utilized. John said the Board put together a work plan and one of the items on the work plan is Family First legislation and having someone from DHS come and present on how Iowa will implement the legislation. There was discussion on how the child welfare system isn't intended to be the only door for accessing community based mental health services but the two systems need to be built together and go down similar paths. John said at the next Board meeting the workforce subcommittee will be presenting their final report and there will be a report from the outcomes subcommittee. John said there will be another panel of Regional CEOs and the Board would eventually like to hear from all of the CEOs.

Theresa Armstrong reported the Children's Behavioral Health rules packaged has been noticed in the Administrative Bulletin and are open for comment through December 10th.

MHDS Update –Theresa Armstrong and Rick Shults

Theresa Armstrong reported on the MHDS Regions. The regions submitted their annual reports on December 1st and only two regions are out of compliance. The information provided feeds into the dashboards that are presented and it's important to have data be as accurate as possible. This is also the time of year that most regions have in their 28E agreements for counties to notify the region if they plan to leave and there has been some movement of counties. In Northwest Iowa, O'Brien and Dickenson counties are moving from Northwest Iowa Care Connection (NWIACC) to Sioux Rivers effective July 1st. Kossuth, Winnebago, and Worth counties from County Social Services have made a request to join NWIACC which would leave Emmet county as an orphan county because it will no longer be touching a county in County Social Services. NWIACC are reviewing their next steps as they will be down to three counties and their CEO, Kim Wilson, has announced she will be retiring July 1st. On the east side of the state Muscatine County is leaving Eastern Iowa and made a request to join Southeast Iowa Link (SEIL). Right now the answer is no from SEIL but conversations are continuing.

Theresa reported on changes with community mental health centers. Genesis Development was grandfathered in as a mental health service provider and they closed their mental health related services and ran the crisis center in Dallas County. Southwest Iowa Mental Health Center and Zion Recovery are the same agency and have picked up those services. This is not a change that needs to come to the Commission as they are already a CMHC and are looking to expand their catchment area. This is still in process and DHS is looking at what counties they will cover and if another CMHC needs to be designated in counties Genesis was covering.

Theresa gave an update on Project Recovery Iowa. The FEMA funding for disaster relief along the Missouri River is continuing and Heartland Family Services is providing the services. They are going into schools and helping individuals understand their reaction to the disaster as well as working on donations for Christmas with local emergency management and law enforcement.

Theresa reported the Co-Occurring Conditions report and 5 year plan will be submitted to the Governor and legislators on December 15th. Director Garcia has been brought into the discussion and provided input to the plan. The plan is a review of how to better meet the needs

of individuals with co-occurring mental health and substance use disorder services and includes reducing administrative burden, and how to utilize Your Life Iowa. There was stakeholder input gathered which was informative and helped move into the direction of a good plan.

Theresa said that legislative session begins January 13, 2020.

Rick Shults said that DHS has received a letter from the Department of Justice (DOJ) that an investigation will take place at Iowa's two State Resource Centers. The letter included a list of things that have risen to their level and the Department will know more when they meet with the DOJ at Glenwood. One of the items listed is about individuals being served in the community whenever possible and that is an area that needs to be improved in terms of community providers being able to serve individuals with complex needs including complex medical needs. Director Garcia has ordered a fact finding group to determine if changes to be made now and will cooperate fully with the DOJ investigation.

There was discussion on the population served at the State Resource Centers and encouragement for the Department to educate the public about the population. There was discussion on the State Medical Examiner being more involved with the State Resource Centers and stepping up to help determine cause of death when an individual passes away. There was discussion about the dedication of the staff at the State Resource Centers and their commitment to serving a challenging population.

Mental Health Institutes Census and Community Barriers – Cory Turner

Cory Turner said the mental health institutes (MHIs) are also serving individuals with more challenging needs and presented the summary documents listing out how the beds were being utilized at a point in time. There was discussion about people not being discharged due to lack of community placement and the importance of having affordable housing and the lack of affordable housing in Iowa impacts individuals being able to find homes. There was discussion about homeless services in the states and initiatives related to the homeless population.

There was discussion about the connection between the MHIs and crisis services including crisis stabilization residential services (CSRS). There was discussion about the difficulties providers have experienced in starting CSRS programs.

Iowa Medicaid Update – Marissa Eyanson

Marissa thanked the Commission for inviting her back to give updates from Medicaid. Marissa said Medicaid is continuing to work with Iowa Total Care (ITC) and meet twice weekly. Right now they are talking about claims and getting the kinks worked out. ITC has been responsive and known claim issues and when they think they will be fixed on their website. ACT rates will be in place going back to July 1st and Medicaid is currently getting ready for session and reading through priorities. Marissa stated Medicaid has been thinking a lot about social determinants of health and what they will do with the data they are gathering. Marissa said that administrative rules for targeted case management (Chapter 90) and rules related to medication assisted treatment are out for comment and they have received 18 pages of comments on Chapter 90. Marissa said all comments are welcome and must be submitted through the formal comment process.

There was discussion on the rate setting process for Medicaid and Marissa stated down the road she could give an overview of the rate setting process. There was discussion on how fiscal notes for legislative bills are determined related to the complex needs and children's behavioral health system legislation. There was discussion on the importance of not only looking at

Medicaid costs but also regional costs especially since the regions are gap funding while individuals are in the eligibility determination process. Marissa said there is work that needs to be done related to eligibility and it would be helpful to have the data from the regions on their gap funding.

There was discussion on the process to determine which rates need to be increased as there are services like residential substance use disorder that hasn't been increased in a very long time. There is not a systematic process currently but it is determined by legislation and people who bring it to the attention of their legislators.

Public Comment

Jane Hudson asked Theresa Armstrong and Marissa Eyanson about the Department of Justice investigation of the State Resource Centers. Jane asked if Medicaid pays for experimental studies and if so what are the studies. Theresa and Marissa said that they do not have enough information yet to answer those questions. Jane said the daily rate for the state resource centers is much higher than that of supported community living and it would be more cost effective to serve individuals in the community. Marissa said that state resource centers are a different level of care than supported community living and is a rate that includes all services where supported community living rate is just that service and the rates are not comparable. Jane said that the state needs to be looking at moving people out of the resource centers and community providers need rates to be able to serve the individuals.

The meeting adjourned for lunch at 11:47am and reconvened at 1:00pm.

Crisis Stabilization Residential Services (CSRS) Provider Panel

Turning Point (Plains Area Mental Health Center)

Staff from Turning Point presented on their crisis services including mobile crisis assessment team which is run out of their crisis stabilization residential services home. Their CSRS program serves individuals from the 12 counties that make up the Rolling Hills and Northwest Iowa Care Connection regions. Their staff are shared with their mobile crisis team and provide the following services: medication management, therapy, skill building, and connecting to services individuals need to live in the community. Turning Point CSRS opened on February 1, 2016 and in 2019 had 22 individuals who were readmitted to the home which is not a bad number and they want individuals to use the service. When an individual comes back to the home the staff do a corrective action plan with the individual to determine what to differently and what didn't work from their last discharge.

There was discussion on the individuals accessing CSRS including those with mental health and substance use disorder concerns. There was discussion on the barriers they are seeing to individuals accessing the service including it being an unknown service because it's new, insurance because they have to be Chapter 24 accredited to bill Medicaid and the MCOs and it's very difficult to set individuals up with additional services when they have private insurance or Medicare. There was discussion on the importance of educating individuals and the community on the service and doing public outreach. There was discussion on their mobile crisis team and how it interacts with their CSRS service. There was discussion on their staffing patterns for the home and mobile crisis. There was discussion how Your Life Iowa will interact with crisis services.

Turning Pointe (Waubonsie Mental Health Center)

Staff from Turning Pointe said that there CSRS program serves individuals from the 13 counties that make up Southwest Iowa MHDS and Southern Hills regions. They opened on January 18,

2016 and have the following services: medication management, therapy, skill building, and connecting to services individuals need to live in the community. Earlier in the year they re-evaluated their program because they felt they weren't serving as many people as they could and looked at the gaps in their program and how to fill them. They found that by streamlining their admission and referral process they removed several barriers for people accessing their service. Their program had to move due to flood damage and their goal is to keep their space still feeling like a home but are able to increase their beds to 10 beds and took over a peer support program. Their goal is to be funded primarily through insurance and right now its 50/50 insurance and regional funding. Their referrals come from the emergency department, outpatient and inpatient providers and walk-ins.

There was discussion on medical clearance for using CSRS and how removing the need for medical clearance eliminated a barrier for accessing the service. There was discussion on the staff transporting individuals to the hospital if they are in medical distress.

Safe Harbor (Zion Recovery)

Staff from Safe Harbor said they are working on getting CARF accredited so they can also provide substance use disorder services out of their CSRS program. Their program provides the following services: medication management, therapy, skill building, and connecting to services individuals need to live in the community. They are currently working on building capacity and are looking to streamline their admission policy and make the service as accessible as possible. They work closely with the hospitals in their area and building relationships with individuals and providers have been critical. Their focus is linking with other services and public education. They have developed a cop card that includes when to use different services. There was discussion on their staffing patterns and how they are trying to become fully funded by sources other than the region.

Southern Iowa Mental Health Center

Southern Iowa presented on their CSRS program and that they have six beds, two of which will become subacute beds when they become an access center. There was discussion on their mobile crisis team and the staffing patterns. Southern Iowa is willing to cover anyone who comes to them regardless of what region the individual is from. There was discussion on their on-call system and how it includes a therapist, prescriber, leadership and their integrated health home. They receive referrals from police, habilitation providers and have an informal contract with the region. There was discussion on how the program meets with other providers and the region and they are able to get individuals into services right away by building those relationships. Southern Iowa will become the region's access center and hope to start up in January.

Public Comment

Jane Hudson asked for an explanation of what an access center is and its purpose. Commission members explained they are one of the new core services regions have to build. An access center has a no eject no reject policy and administrative rules regarding access centers can be found in IAC 441 – Chapter 25. There was discussion on the possibility of expanding access centers to children.

The meeting adjourned at 2:12pm.

Minutes respectfully submitted by Julie Maas.